

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	214526865				
1.) CORPORATION NAME: <b>SES Americom, Inc.</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM</b> <b>4701 COX ROAD, SUITE 285</b> <b>GLEN ALLEN, VA</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>						
5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>			CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">           ADDRESS: 4 RESEARCH WAY             CITY/ST/ZIP: Princeton, NJ 08540         </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: Gerald Oberst            TITLE: President / CEO            ADDRESS: 4 RESEARCH WAY            CITY/ST/ZIP/CO: Princeton, NJ 08540         </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: Gerald Oberst TITLE: President / CEO ADDRESS: 4 RESEARCH WAY CITY/ST/ZIP/CO: Princeton, NJ 08540	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETE GUSTAFSON VICE PRESIDENT 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROB JONES CFO / VP 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN NELSEN VICE PRESIDENT 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAUREEN OFFORD VICE PRESIDENT 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE OSMAN VICE PRESIDENT 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HANAA NASR Treas., - Taxes 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL MAH ASST SECRETARY 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUZANNE MALLOY ASST SECRETARY 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETRA VORWIG ASST SECRETARY 4 RESEARCH WAY Princeton, NJ 08540	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ DAVID LIDSTONE		DAVID LIDSTONE, Asst. Sec / VP		5/27/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					